

Family Day Care Inspection Compliance Plan

Provider's Name: **Julie Johnson**

City: **Burke**

Provider Number: **019002951**

Inspector: **Sarah Deakins**

Date of Inspection: **10/11/2023**

Time of Inspection: **12:40 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

B. Record Keeping/Emergency Preparedness

31. Does each child's record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:	
MH - Immunization Records KH - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	10/24/2023	10/13/2023
	Status: Corrected	

Julie Johnson

Provider Signature

10/13/2023

Date

Sarah Deakins

Inspector Signature

10/13/2023

Date